

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 04/10/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 04/12/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	4997	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	251	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	5295	6822	1527
		8800	47	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404904	WESTERN HIGHLAN DS LME	8505	2009	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	661	CLIENT NOT ELIGIBLE ON SERVICE DATE	23	3339	4717	1378
		8599	294	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404905	TREND COMM MENT AL HLTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	1159	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8329	231	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	3	2006	6552	4546
		8800	205	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAMBA COUNTYM ENTAL HEALT	8599	340	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	236	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	295	839	2628	1789
		191	75	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	21	20422	DUPLICATE OF CLAIM-SYSTEM				
		8329	9109	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	2814	38854	47123	8269
		8599	2245	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	616	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	132	DUPLICATE OF CLAIM-SYSTEM	0	934	3223	2289
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404917	CENTERPOINT HUM AN SERVICES	11	1180	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	1094	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1277	6068	12413	6345
		8931	960	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	418	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	89	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	625	2001	1376
		8935	61	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404919	GUILFORD CO MEN TAL HEALTNC	8505	925	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	474	DUPLICATE OF CLAIM-SYSTEM	47	1849	5816	3967
		8599	318	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASHEL L AREA MHI D	8599	446	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	112	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	23	706	3233	2527
		537	32	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404921	ORANGE PERSON C HATHAM AREA	8505	1013	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5312	992	PRIOR AUTHORIZED DOLLARS EXCEE DED	33	3261	5796	2535
		8800	746	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404922	THE DURHAM CENT ER	8599	1119	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	904	CLIENT NOT ELIGIBLE ON SERVICE DATE	6	2474	8888	6414
		191	121	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404923	VGFW AREA AUTHO RITY	8800	34	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	154	2039	1883
		8505	27	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404925	SANDHILLS CENTE	8505	1260	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	718	DETAIL NOT COVERED BY COMBINAT	203	3108	9810	6702
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	217	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404926	SOUTHEASTERN RE	8505	3605	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		11	3268	CLIENT NOT ELIGIBLE ON SERVICE	124	7503	14452	6949
				DATE				
		143	186	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404927	CUMBERLAND CO M	8505	1466	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8800	235	FURTHER PROCESSING NECESSARY,	14	2000	4525	2525
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	187	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	21	136	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8599	62	DETAIL NOT COVERED BY COMBINAT	0	323	4219	3896
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	38	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8505	215	CLAIM DENIED DUE TO INSUFFICIE				
	MNVL WLTHC			NT BUDGET				
		8800	23	FURTHER PROCESSING NECESSARY,	0	241	301	60
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	3	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404931	WAKE CO HUM SVC	11	1749	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		8599	478	DETAIL NOT COVERED BY COMBINAT	269	3426	10877	7451
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	470	DUPLICATE OF CLAIM-SYSTEM				
3404932	RANDOLPH/SANDHI	0	0	*** NO DATA TO REPORT ***				
	ILS CO MH C							
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT	11	893	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8505	411	CLAIM DENIED DUE TO INSUFFICIE	30	1802	6996	5194
				NT BUDGET				
		8621	167	60 RESIDENTIAL LEVEL 111 TREAT				
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404934	ONSLow COUNTY B	11	120	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAVIORAL H			DATE				
		8599	62	DETAIL NOT COVERED BY COMBINAT	4	275	1380	1105
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	28	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	255	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8621	47	60 RESIDENTIAL LEVEL III TREAT	27	365	3174	2809
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8931	22	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPBS.				
3404937	EDGEcombe NASH	8505	798	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C			NT BUDGET				
		21	58	DUPLICATE OF CLAIM-SYSTEM	1	890	2861	1971
		8800	11	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404938	VGFW DBA RIVERS	21	329	DUPLICATE OF CLAIM-SYSTEM				
	STONE COUNSE							
		11	22	CLIENT NOT ELIGIBLE ON SERVICE	9	393	3798	3405
				DATE				
		24	20	PROCEDURE CODE, PROCEDURE/MODI				
				FER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
3404939	NEUSE MENTAL HE	21	402	DUPLICATE OF CLAIM-SYSTEM				
	ALTH CENTER							
		5404	86	SEVERE DUPLICATE: SAME ATTD PR	1	770	2767	1997
				OV/PCODE/TOS/DOS/MOD				
		8518	65	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
3404941	PITT CO MR/DD/S	8599	577	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	261	CLAIM DENIED ATTENDING PROVIDE	272	1622	6792	5170
				R CANNOT BE THE SAME AS				
				THE LMA				
		8935	253	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPBS.				
3404942	ROANOKE CHOWANN	8599	55	DETAIL NOT COVERED BY COMBINAT				
	UMAN SERVIC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	36	DUPLICATE OF CLAIM-SYSTEM	16	133	1654	1521
		8522	18	CLAIM DENIED, ATTENDING PROVID				
				ER CANCELLED.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTAL HEALTH CTR	11	155	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	100	DUPLICATE OF CLAIM-SYSTEM	82	563	4045	3189
		191	81	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME				
3404944	EASTPOINTE HUMAN SERVICES	8505	108	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8599	68	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	82	287	3469	3182
		8931	61	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
3404946	FOOTHILLS AREA MENTAL HEALTH	23	6	SERVICE REQUIRES PRIOR APPROVAL				
		0	0		0	6	6	0
3404957	TIDELAND MENTAL HEALTH CTR	537	432	PROCEDURE IS NOT COVERED FOR THIS DATE OF SERVICE				
		8931	234	AMTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.	434	1090	4842	3752
		8599	117	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREA MENTAL HEALTH/SA PRO	8505	1095	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	440	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	19	2015	2715	700
		11	437	CLIENT NOT ELIGIBLE ON SERVICE DATE				